

Form 8

NO. _____

IN THE _____ OF THE STATE OF HAWAI'I
SUPREME COURT or
INTERMEDIATE COURT OF APPEALS

_____,) _____ NO. _____
Plaintiff-_____,)
v.)
_____,)
Defendant-_____.)
_____)

REQUEST AND DECLARATION OF COUNSEL

I, _____, attorney for _____, request compensation for cost pursuant to HRAP 39 [and HRS § _____ or _____] and attorneys' fees pursuant to [HRS § _____ or _____] and, in conjunction herewith aver, as follows:

1. (Appellant or Appellee) _____ prevailed in this appeal.
(name)

2. I request reimbursement for costs as follows:

<u>Item</u>	<u>Amount</u>
a. Transcripts	\$ _____
b. Bond	\$ _____
c. Filings fees	\$ _____
d. Printing/copying of briefs/appendices (# _____ pages @ \$._____/page)	\$ _____

A true and correct itemized accounting of these costs, including relevant invoices and receipts, is attached as Appendix A.

3. I have expended the following hours in attorney work and charge the following amounts for this appeal:

<u>Activity</u>	<u>Hours</u>	<u>Amount</u>
a. Correspondence, Interviews and Conferences	_____ @ \$ _____	\$ _____
b. Obtaining & Reviewing Records _____	_____ @ \$ _____	\$ _____
c. Legal Research _____	_____ @ \$ _____	\$ _____
d. Drafting _____	_____ @ \$ _____	\$ _____
e. Oral Argument (In-court) _____	_____ @ \$ _____	\$ _____
f. Other <u>(Specify)</u> _____	_____ @ \$ _____	\$ _____
TOTALS	_____	\$ _____

Attached hereto as Appendix B are hourly worksheets, prepared contemporaneously with the work performed as noted thereon and truthfully reflecting the amount of work actually performed in the representation of (Appellant or Appellee) _____.

4. I request reimbursement in the amount of \$ _____, the amount allowed by HRAP 39 [and HRS § _____ or _____], as fully explained, with citation to authority, in the memorandum appended hereto.

I, _____, declare under penalty of law, as provided by HRAP 52, that the foregoing is true and correct.

DATED: _____
